

**Crisis Counseling Assistance and Training Program
Regular Services Program
Pilot Application Signature Sheet**

State Disaster Mental Health Coordinator. The following individual is the primary contact person for coordinating the mental health response to this disaster. This person will also be the State coordinator for the application process for Federal funds to provide disaster-related mental health services.

Contact person:

Title:

Agency:

Address:

Phone:

Fax:

E-mail address:

Signature, Director, State Mental Health Authority

Name:

Phone number:

Fax:

E-mail address:

This application represents the Governor's agreement and/or certification:

1. That the requirements are beyond the State and local governments' capabilities;
2. That the program, if approved, will be implemented according to the plan contained in the application approved by the FEMA Disaster Recovery Manager (DRM);
3. To maintain close coordination with and provide reports to CMHS Project Officer; and
4. To include mental health disaster planning in the State's emergency plan prepared under title II of the Stafford Act.

The State requests \$_____ for Regular Services:

Signature, Governor's Authorized Representative

Name:

Phone Number:

Fax:

E-mail address:

(Attach completed and signed sections of Form PHS 5161-1 including Standard Form 424 and the assurances (SF-424B) to the signature sheet.)

FEMA Disaster Number. Enter the FEMA Disaster declaration number below.

[Insert Text]

Executive Summary

In one page or less, provide a brief description of the overall proposal, including key details about the disaster and the State's initial response. For more information and tips on completing an executive summary, see page 7 of the supplemental instructions.

Part I: Disaster Description, Geographic and Demographic Information

A. Description of Disaster. Provide a brief description of the disaster, its scope and overall impact. This description should include the following: a) narrative information on the type of disaster (e.g. earthquake, hurricane, tornado, flood, fire), b) the timeframe during which the disaster occurred, c) the date of the Presidential disaster declaration, d) a description of the geographic area(s) affected by the disaster, and e) examples of major damage caused by the disaster and the overall impact on survivors. For additional information on completing this section, see page 8 of the supplemental instructions.

[Insert Text]

B Map of Disaster Area. Provide a map of the area included in the Presidential disaster declaration and identify the areas to be served under the Regular Services Crisis Counseling Program. This map may be inserted below or attached to the application. For additional information on completing this section, see page 9 of the supplemental instructions.

[Insert Map or Indicate if Map is Attached]

Part II. State and Local Resources and Capabilities

Briefly describe the State and local mental health systems. Explain why these resources cannot meet the disaster related mental health needs. (For additional information on completing this section see page 10 of the supplemental guidance.)

[Insert Text]

Part III. Response Activities from Date of Incident

Provide a description of State and local crisis counseling activities from the date of the incident to the date of application submission. If the State received an Immediate Services Crisis Counseling Program grant, this section should be used to complete the requirements under FEMA regulations for a mid-program report. A format for satisfying these reporting requirements is provided below. If the State did not receive an Immediate Services Program grant, a description should be provided of any crisis counseling services provided using State and/or local community resources (this description may be in any format). If no crisis counseling services have been provided by State and local service providers, this should be stated as well. (For additional information on completing this section, see page 11 of the supplemental instructions.)

[Insert text or complete reporting format below.]

A. List of Immediate Services Crisis Counseling Service Providers. In the table below, list the agencies providing crisis counseling services under the Immediate Services Program. In the left hand column, provide the name of the service provider along with the address and contact information for the agency. In the center column, list the service area(s) covered by the service provider. In the right hand column, provide the name of the crisis counseling project manager along with contact information. (For additional information on completing this section, see page 11 of the supplemental instructions.)

Agency	Service Areas	Immediate Services Project Manager
Name Address Phone Fax Director's Name	Cite geographic or organizational designation	Name Address Phone Fax

B. Immediate Services Program Data. Using the table format below, provide service data from the Immediate Services Program. Reporting items in this format are based on data elements in the CCP “Data Management Tool Kit” which is recommended for use in the Immediate and Regular Services Programs. Separate reporting tables should be created for the each service provider in the Immediate Services grant and a combined table should be created for the overall project. (For additional information on completing this section, see supplemental instructions, pages 11-13.)

[Sample tables are provided for duplication. Include separate tables for each service provider and one combined table for entire State project]

INDIVIDUAL CRISIS COUNSELING CONTACTS [Insert Agency Name or Name of Overall Project]			
-Demographic Information- Date Completed: [Insert date of data entry]			
Age	Contacts	Ethnicity	Contacts
Preschool (0-5)		White	
Childhood (6-11)		Hispanic Origin	
Preadolescent/ Adolescent (12-17)		African American/Black	
Adult [Indicate Age Range]		American Indian/Alaska Native	
Older Adult [Indicate Age Range]		Other	
		Don't Know	
Language	Contacts	Gender	Contacts
English		Male	
Spanish		Female	
American Sign Language			
Others [specify in text]			

INDIVIDUAL CRISIS COUNSELING CONTACTS [Insert Agency Name or Name of Overall Project]			
Observed or Reported Reactions			
Behavioral	Contacts	Emotional	Contacts
Aggression		Sadness	
Excessive Activity Level		Irritability/Anger	
Apathy/Decreased Energy Level		Despair, Hopelessness	
Isolation/Withdrawal		Guilt/Self-Doubt	
Hypervigilance		Mood Swings	
Reluctance to Leave Home		Preoccupation with Disaster, Safety	
Other [describe in text]		Other [describe in text]	
Physical	Contacts	Cognitive	Contacts
Headaches		Confusion	
Gastrointestinal Problems		Recurring Dreams/Nightmares	
Sleep Disturbances		Lack Concentration	
Memory Problems		Difficulty Making Decisions	
Appetite Changes		Questioning Spiritual Beliefs	
Worsening of Chronic Conditions		Other	
Fatigue/Exhaustion			
Other [Describe in Text]			

INDIVIDUAL REFERRALS [Insert Agency Name or Name of Overall Project]	
Source	Number of Referrals
Within Project	
Other Disaster Agencies	
Longer Term Mental Health Services	
Community Services	
Other [Describe in Text]	

GROUP CONTACTS [Insert Name of Services Provider or Name of Overall Project]	
Group Crisis Counseling (List Groups)	Number of Participants
[Insert Descriptive Text – Add Rows if Necessary]	
Group Educational Services (List)	Number of Participants
[Insert Descriptive Text– Add Rows if Necessary]	

Material Distribution [Insert Name of Service Provider or Name of Overall Project]	
Type of Material Distribution	Number of Materials Distributed
Material left in public places	
Material handed to people with no further interaction	
Material handed to people followed by a brief discussion of the material	

C. Description of Services and Brief Analysis of Data. Provide a brief description of the services provided during the Immediate Services Program including a discussion of any trends or key issues based on analysis of the Immediate Services Program data (e.g. what percentage of individuals identified in needs assessment received services during the Immediate Services Program) or any unique issues in the data (e.g. language groups not specified in standard reporting format). Describe the primary emphasis of services during the Immediate Services Phase (e.g. outreach services to most impacted communities), any issues that were unique to specific communities, and any unique service issues related to the type of disaster that occurred. For additional information on completing this section, see pages 13-14 of the supplemental instructions.

[Insert Text]

D. Immediate Services Program Training Provided. Describe the training provided to Crisis Counseling Staff during the Immediate Services Program. Who provided training? When was it provided? What was the agenda and focus of training? Please attach a copy of the agenda and a list of handouts, videos, or other materials used.

[Insert Text]

Part IV. Needs Assessment

A. Geographic Areas and Estimated Need. In the table provided below, list the areas within the Presidentially-declared disaster area for which services will be provided and the estimated number of people to be served in each area. List the geographic areas to be served in the left hand column. Areas to be served may be listed by service area, county, or other geographic or organizational designation identified by the State. All areas on the list must be within the disaster area declared by the President to be eligible for individual assistance. The service areas designated below will form the basis of the program plan and budget and therefore should be consistent throughout the application. In the right hand column, list the estimated number of people to be served in each area based on the CMHS Damage Assessment Formula, which is provided on the next page. For additional information on completing this section, see pages 15-16 of the supplemental instructions.

[Insert text in table below. Insert additional rows or delete rows as necessary]

Designated Area	Estimated Number to be Served
TOTAL	

B. Needs Assessment Formula. Using the CMHS Needs Assessment Formula (located below) estimate the number of persons you will serve in each designated area (fourth column of the following table). Attach a CMHS Needs Assessment Formula sheet for each designated area. See the supplemental guidance (pages 16-19) for additional information on completing the CMHS Needs Assessment Formula.

**CMHS Needs Assessment Formula for
Estimating Disaster Mental Health Needs Disaster: FEMA XXXX-DR-State**

This is an estimate for the following disaster area_____

Date of Report:_____ Completed by:_____

Loss Categories	Number of Persons	ANH	Range Estimated	Total
Type of Loss	Number	Multiply By ANH ¹	At-Risk Multiplier	Number of persons targeted per loss category
Dead			100%	
Hospitalized			35%	
Non-hospitalized Injured			15%	
Homes destroyed			100%	
Homes "Major Damage"			35%	
Homes "Minor Damage"			15%	
Disaster Unemployed			15%	
(Other Loss—Specify)			10%	
Total estimated persons in need of crisis Counseling services (add total column)				

Revised June, 2000

¹ANH means **A**verage **N**umber of persons per **H**ousehold. This figure can be obtained on a county/parish/area basis from the Census Bureau. If the State is unable to determine the ANH for an area, then use the average figure of 2.5.

C. Description of Crisis Counseling Needs and Data Analysis. Please provide a detailed description of crisis counseling needs within the impacted areas. This description should include key data not included in the CMHS Needs Assessment Formula, such as information on businesses and schools closed as a result of the disaster, information on the number of applicants for FEMA individual assistance, and information on the demographic characteristics of the impacted communities. For each identified service area, identify any high risk groups or populations of special concerns identified through the State's initial needs assessment process (e.g. children, adolescents, older adults, people with disabilities, ethnic and cultural groups, lower income populations) and describe any specific issues or needs among these population groups. A number of optional tools have been developed to assist in completing this section. For additional instructions and examples of demographic analysis tools, key informant surveys, and a data matrix, see supplemental instructions, pages 20-21.

[Insert Text]

Part V. Plan of Services for Regular Services Grant

A. Service Providers. In the space below, provide a list of the service providers in the Regular Services Program along with a brief (one paragraph) description of the service provider agency, its primary mission and service area. Note: If the service providers, service areas, and Project Managers from the Immediate Services Program will remain the same in the Regular Services Program, this may be noted with a reference to the table in Part III. If agencies, service areas, or project managers will be different during the Regular Services Program, a new separate table should be completed for the Regular Services Program noting changes from the Immediate Services Program and transition plans for the Regular Services Program. For additional information on completing this section, see pages 23-24 of the supplemental instructions.

[Insert text. Insert new table if necessary]

B. Staffing Plan. Provide an overall staffing plan for the Regular Services Program grant. For each services provider, list and describe all staff to be funded through the Regular Services grant. Staff whose services will be provided to the project as an in-kind contribution from the State or the service provider should be described separately with a clear indication that positions will not be funded through the grant. For each staff position, the description should indicate the percentage of time dedicated to the project. Simple job descriptions (one paragraph) should be provided for each category of worker included in the project. Job descriptions should include specific information on responsibilities and expectations during the Regular Services Program. For additional information, see supplemental instructions on page 24.

[Insert text below. Staffing plans may be provided in tables, listings, or narrative format, but must include key information on all positions to be funded through the project.]

C. Organizational Structure. An organizational chart for the project is required for the Regular Services grant application. An organizational chart may be inserted below, or may be attached to this document. Please indicate below if an organizational chart is attached. For additional information on completing this section, see page 25 of the supplemental instructions.

[Insert text or organizational chart, or indicate that organizational chart is attached.]

D. Plan of Services. In the space following, describe services to be provided by each service provider included in the application. The Regular Services Program grant application should address special issues identified in the needs assessment and should include a separate plan of services for each service provider. Service plans should include the following information:

- Types of services to be provided (e.g. individual outreach, crisis counseling, services to groups, public education, information and referral services, consultation/in-service training);
- How staff will be deployed to provide these services
- Strategies for targeting those identified as in need of services, including special population groups identified in the needs assessment;
- Any quality control methods in place to assure appropriate services to disaster survivors;
- How services will be coordinated with existing community resources; and
- Any staff support mechanisms to be available (approaches that will be taken to maintain staff morale).

For additional instructions on creating a plan of services, see pages 26-28 of the supplemental instructions.

[Insert service plan(s) here for each service provider included in the grant]

E. Training. Describe the training plan for this Regular Services grant project. The training plan should cover the following areas:

- Selection of Trainers: Attach resumes and briefly state if the trainers were recommended by CMHS or are in-State resources with experience in the FEMA/CMHS Crisis Counseling Assistance and Training Program;
- Training Content: Attach training agendas and describe how the training sessions relate to the phase of the disaster;
- Training Schedule and Locations: Attach a copy of the training schedule and describe where the training will take place;
- Target groups for Training: Describe who will be trained and explain whether training will be offered to other human service workers not employed through the Crisis Counseling Program grant.

Funding may be used to support training within established FEMA training policies. Priority is placed on the use of trainers from within the State who have experience with the FEMA/CMHS Crisis Counseling Assistance and Training Program. For additional instructions on training, see pages 28-29 of the supplemental instructions.

[Insert description of training plan here and attach relevant materials to application.]

F. Facilities. Provide a description of facilities to be used for office space and as a base for outreach services. Explain whether or not space is being provided as an in-kind contribution to the project by the State and/or service providers. If new space will be leased for the Crisis Counseling Program, explain why this is necessary. (For additional instructions on completing this section, see supplemental instructions, page 29.)

[Insert text below]

G. Evaluation (Optional). Provide a description of plans for ongoing process evaluation in the Regular Services project. Describe any data sources that will be used for evaluation and procedures for staff feedback and mid-course program adjustments based on evaluation findings. If an evaluation consultant will be used for the Regular Services Grant program, explain why this consultant was selected and attach a resume to the application. (For additional information on completing this section, see page 29 in the supplemental instructions.)

[Insert text below]

Part VI. Budget

The budget must be integrated with the needs assessment and the program plan. The applicant may exhibit the budget in any format that is appropriate to the fiscal system of the State as long as the categories listed in the forms that follow are included. A separate budget must be provided for each service provider. There are three sections to the budget:

1. An overall summary of costs
2. Individual budgets for each service provider and the State Mental Health Authority
3. A narrative justification of costs

Note: Before completing any of the three budget forms, it is strongly recommended that applicants review the CMHS Program Guidance entitled Fiscal Guidelines for the Crisis Counseling Assistance and Training Program (CCP-PG-06). This guidance is included in the application package and is available at the CMHS website. In addition, CMHS has developed a Budget Estimating and Reporting Tool (BERT) that can assist in developing a budget within FEMA guidelines. This budget tool is available on the CMHS web page.

Additional information is provided in the supplemental guidance on pages 30-32. Sample formats are provided on the following pages.

Regular Services Program Summary of Costs for Entire Project

Disaster Declaration Number: FEMA-XXXX-DR-XX

Budget Category	State Budget Request: Total Estimate	Service Provider(s): Total Requests <u>Note:</u> attach budget for each service provider area	Total Regular Services Grant Request. Add State and Service Provider total estimates.	In-Kind Costs Costs contributed to the project per agency.
Dates of Services				
Salaries and Wages (Describe specific positions and rates in budget narrative) Fringe Benefits (%) Total Personnel Costs				
Consultant Costs				
Office Supplies				
Travel				
Training				
Media/Public Information Costs				
Evaluation				
Total Costs				

Regular Services Program Budget for State Mental Health Authority

Disaster Declaration Number: FEMA-XXXX-DR-XX

Budget Category	Grant Request	In-Kind Costs Costs contributed to the project per agency.
Dates of Services		
Salaries and Wages (Describe specific positions and rates in budget narrative) Fringe Benefits (%)		
Total Personnel Costs		
Consultant Costs		
Office Supplies		
Travel		
Training		
Media/Public Information Costs		
Evaluation		
Total Costs		

*The State Mental Health Authority and each local provider should fill out this budget form.

Regular Services Program Individual Service Provider Budgets

Name of Service Provider:

Budget Category	Grant Request	In-Kind Costs Costs contributed to the project per agency.
Dates of Services		
Salaries and Wages (Describe specific positions and rates in budget narrative) Fringe Benefits (%) Total Personnel Costs		
Consultant Costs		
Office Supplies		
Travel		
Training		
Media/Public Information Costs		
Evaluation		
Total Costs		

*The State Mental Health Authority should work with each local service provider to develop budget and fill out this budget form.

Regular Service Program Budget Narrative

A budget narrative is required to document the types of expenditures included in the budget, justify the funding request, and demonstrate fiscal accountability. (See pages 30-32 of the supplemental instruction.) Please provide the following information:

1. Provide a justification for the specific number of positions to be funded. Rates of pay (hourly or monthly), and the amount of time dedicated to the project must be provided for all positions. The budget narrative must also describe how salary levels and fringe benefits were determined. Were they based on comparable positions in the local area? (If not, explain why.)
2. List all consultants, the services they will provide and their compensation.

Name of Consultant	Type of Service	Travel Costs	Compensation Costs

3. List the types of items listed under office supplies (i.e., cell phones, computers, beepers, office supplies and maps). Detail on the number of items needed should correspond with the program plan.
4. List and describe the types of expenditures included in the travel category (i.e., mileage/rate, rental cars). Are the expenditures based on State rates for allowable travel costs? If not, explain and provide a justification.

5. List the trainers included in the training category.

Name of Trainer	Type of Training	Travel Costs	Compensation Costs

6. List and describe the types of expenditures included in the media/public information category.

7. Provide a detailed justification for any evaluation expenditures included in the budget.